Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further of indicated unless correcte maintenance fee notificat	d below or directed oth	g the erwise	Patent, advance or in Block 1, by (a	ders and notification of specifying a new con	of ma	intenance fees wondence address;	ill be r and/or	nailed to the current or (b) indicating a separa	orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
29052	7590 01/04	2007				Cert	tificate	of Mailing or Transm	ission	
SUTHERLAND ASBILL & BRENNAN LLP 999 PEACHTREE STREET, N.E. ATLANTA, GA 30309						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
									(Depositor's name)	
						(Signature)				
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV		TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/542,109	09/542,109 03/31/2000		Peter J. Kight			3350-31G		4187		
APPLN, TYPE	SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE DI		PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$0		\$0		\$1400	04/04/2007	
<u> </u>			ART UNIT	CLASS-SUBCLASS		Ψο			04,04,200	
EXAMINER CARC VOCESHIC										
GARG, YOGESH C 3625 1. Change of correspondence address or indication of "Fee Address" (37)				705-026000	2. For printing on the patent front page, list					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 2 Sutherland Asbill & Brennan LLP 3						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	тов	E PRINTED ON T	HE PATENT (print or	type)				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3.11. Comp	fied be	elow, no assignce of this form is NO	data will appear on the fasubstitute for filing	e pat an as	ent. If an assignessignment.	ee is id	entified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CHECKFREE CORPORATION NORCROSS, GA										
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):		ndividual 🛚 Co	rporati	on or other private grou	p entity Government	
la. The following fee(s) are submitted: XX Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-5029 (enclose an extra copy of this form).						
_	us (from status indicated S SMALL ENTITY statu			☐ b. Applicant is no	longe	er claiming SMAI	J. ENT	TITY status. See 37 CF	R 1 27(g)(2)	
* *	Publication Fee (if rea	iired) v	vill not be accepted	I from anyone other th:					e assignee or other party in	
Authorized Signature	W.M.	· 6	4//			Date M	n re	4 29, 20	07	
Typed or printed name William T. Cook				Registration No. 58,072						
This collection of information application. Confident the completed this form and/or suggestion.	ation is required by 37 C iality is governed by 35 application form to the	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary	n is required to obtain 1.14. This collection is depending upon the in-	or re	tain a benefit by the	he publ	ic which is to file (and to complete, including	by the USPTO to process) gathering, preparing, and e you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.